

Legislative Program Review and Investigations Committee

September 21, 2016

Testimony of Jean Mills Aranha

Good morning, my name is Jean Mills Aranha; I am an attorney at Connecticut Legal Services, Inc., a non-profit civil law firm dedicated to helping low-income people attain justice. I practice primarily elder and public benefits law, including cases for people who need long term care services and supports in both the nursing home setting and home and community settings. I am testifying today on behalf of our clients and the other very low-income, elderly and disabled residents of Connecticut, some of our most vulnerable residents.

Thank you for the opportunity to testify today about the programs with which I am most familiar: Money Follows the Person (MFP) and the Connecticut Home Care Programs for Elders (CHCPE).

Support Money Follows the Person

First of all, Money Follows the Person has been a huge success and we urge the state to continue to support this program which has been instrumental in transitioning thousands of people from nursing homes to community settings. Critical to this program is maintaining Medicaid coverage while in the nursing facility; a person must be covered by Medicaid on the day of discharge in order to qualify for all the MFP services needed to make a successful transition. We have seen some problems with the cut off of Medicaid eligibility prior to leaving the facility, which could prevent a person from completing his or her transition in to the community.

Reopen CHCPE Category One

In 2015, the legislature froze intake for Category One of CHCPE, which provided services to elderly people who were considered “at risk” of needing nursing home placement. The goal was to help people remain in their homes at lower cost to the state and avoid or delay the need for nursing home level of care. We urge the Committee to recommend reopening Category One of CHCPE to help people maintain their independence at home and avoid the need for nursing home placement.

Virtually no one wants to leave his or her home to live in a nursing facility. Everyone prefers to live in their homes in the community if at all possible. When a person cannot get Category One CHCPE services, the risk of falling, being injured or becoming ill is increased. These events can and do lead to emergency room visits, hospitalizations and nursing home stays, some of them permanent. These consequences of not having adequate home care are costly in both economic and human terms.

The psychological and physical effects on frail elders moving from one residence to another are well documented. Such transfer or relocation trauma can cause frail, elderly people to deteriorate mentally and physically when they are moved involuntarily from their homes to nursing facilities.

Furthermore, the cost of hospital and/or nursing home care is generally greater than the cost of home care services. Then, the state may incur the additional cost of moving the person back to the community. It is very difficult to maintain an apartment in the community while residing in a

nursing home because Medicaid law only allows about \$400/month for rent in the community. If the person loses their apartment in the community while staying temporarily in the nursing home, it takes longer to transition back to the community because of the scarcity of subsidized apartments for the elderly.

Reopening Category One of CHCPE would add to the efficiency of the home care system in Connecticut, as well as reducing economic costs and human suffering.

Barriers to Providing Home and Community Based Services

The state's efforts to rebalance the long term care system by providing more options for people to remain in their homes is laudable, but unfortunately, the resources devoted to supporting people in the community are inadequate. There is a shortage of qualified home care workers to provide services in the home which may be in part due to the inadequate reimbursement rate to home care providers and low wages for the workers. While the state has placed ever higher expectations and demands on the providers, it has not offered commensurate reimbursement for everything expected of them. For example, the latest universal assessment tool implemented by the state takes twice as long to complete as the previous one did, yet the state does not pay any extra for this task. Workers are now required to check in electronically when they arrive and leave a client's home, but many workers do not own a smart phone (with GPS tracking) to record these entries, so they are supposed to ask to use the client's phone to record these entries.

The bottom line is that people cannot get out or stay out of nursing homes if there are not enough caregivers in the community to support them. Without adequate pay and reasonable working conditions, we will continue to see a shortage of good caregivers.

Finally, a major barrier for low-income people to get out of nursing homes is the lack of subsidized housing. While MFP provides rental assistance vouchers for those who qualify, there are not enough affordable housing units for those who need them.

We appreciate the time of the Committee and the thoughtful attention you bring to these critical issues. If you have any questions, I would be happy to answer them.

Respectfully submitted,

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